



## REQUEST FOR ADMINISTRATIVE CONFIRMATION OF DIVISION OF A WATER RIGHT

Complete the information required, attach referenced documents, and forward to the appropriate regional office address shown on the back of this form.

### WATER RIGHT INFORMATION

RECEIVED

MAY 13 2013

Water Right Certificate Number: 4082(A)

Name on Certificate: O. E. COCKERLINE

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

- ☒ Attach a copy of subject water right certificate.
- ☒ Attach a map of the authorized place of use.
- ☒ Attach a list of all property owners and property owner contact information, including name, address, and telephone number.
- ☒ Provide tax parcel identification numbers and acreages for each property owner within the authorized place of use.
- ☒ Attach a copy of property transfer deed, contract, or other documentation indicating division of land and appurtenant water rights.

### PROPERTY OWNER AGREEMENT

1. Signatories agree to the division of the subject right consistent with the apportioning presented herein. Agreement of this apportioning reflects the historic beneficial use of water on the property.
2. It is the responsibility of each property owner to verify that his or her "share" of the original right reflects the historic beneficial use of water on his property. If, after a superseding document is issued by Ecology, it is determined that the historic beneficial use of water on that property is less than the quantities agreed to herein, Ecology shall reduce said quantity to the portion put to beneficial use on that property.
3. The division of the original right into superseding documents shall not be construed as validation as to the extent and validity of the original right. The amounts authorized on the superseding portions of said right are not confirmed in this division. The actual amounts authorized on the superseding documents are subject to the historic beneficial use on the appurtenant property.
4. Each property owner shall be responsible for payment of fees associated with the issuance of superseding certificates. All required fees must be received by Ecology prior to issuance of the superseding certificates.



**DESCRIPTION OF DIVISION OF THE WATER RIGHT AMONG PROPERTY OWNERS**

(Note: For more than 2 property owners, attach additional pages as necessary).

**Property Owner Name (1):** MICHAEL LASHER & CHERYL SCHOLL

**Property Owner Address:** 620 NW 4<sup>TH</sup>, PENDLETON, OR 97801

**Phone Number:** (541) 966-9438

**Tax Parcel Numbers Owned within Authorized Place of Use:** 350726220009

**Authorized Source:** STATE GROUND WATERS FROM A WELL

**Share of Quantity Instantaneous (Qi), [gpm or cfs]:** 77.76 gpm (See Tab 1, Schedule A)

**Share of Quantity Annual (Qa), [acre-feet]:** 77.76 acre-feet (See Tab 1, Schedule A)

**Share of acreage irrigated:** 19.44 acres (See Tab 1, Schedule A)

**Authorized purpose(s) of use:** IRRIGATION

**Check one of the following:**

- ☐ The authorized point of diversion is on my property and will continue to be used.
- ☐ The authorized point of diversion is not on my property, but I have entered into a shared use agreement with the owner of the authorized diversion point.
- ☒ The authorized point of diversion is not on my property, and I plan to construct a new diversion point on my property. I plan to file a change application or submit a showing of compliance form to Ecology to cover this change in the point of diversion. I understand that if I plan to use the water for a different purpose or in a different location than described above, I must file a change application with Ecology.

*Property Owner Signature*

*Cheryl Scholl*

*May 6, 2013*

**Property Owner Name (2):** BUNCHGRASS, L.L.C.

**Property Owner Address:** PO BOX 1639, GIG HARBOR, WA 98335

**Phone Number:** (253) 514-8913

**Tax Parcel Numbers Owned within Authorized Place of Use:** 350727110006

**Share of Quantity Instantaneous (Qi), [gpm or cfs]:** 277.32 gpm (See Tab 1, Schedule A)

**Share of Quantity Annual (Qa), [acre-feet]:** 277.32 acre-feet (See Tab 1, Schedule A)

**Share of acreage irrigated:** 69.33 acres (See Tab 1, Schedule A)

**Authorized purpose(s) of use:** IRRIGATION

**Check one of the following:**

- ☒ The authorized point of diversion is on my property and will continue to be used.
- ☐ The authorized point of diversion is not on my property, but I have entered into a shared use agreement with the owner of the authorized diversion point.
- ☐ The authorized point of diversion is not on my property, and I plan to construct a new diversion point on my property. I plan to file a change application or submit a showing of compliance form to Ecology to cover this change in the point of diversion. I understand that if I plan to use the water for a different purpose or in a different location than described above, I must file a change application with Ecology.

*Property Owner Signature*

*By: BUNCHGRASS L.L.C.*

*AGENT*



**DESCRIPTION OF DIVISION OF THE WATER RIGHT AMONG PROPERTY OWNERS**

(Note: For more than 2 property owners, attach additional pages as necessary).

Property Owner Name (1): \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Tax Parcel Numbers Owned within Authorized Place of Use: \_\_\_\_\_

Authorized Source: \_\_\_\_\_

Share of Quantity Instantaneous (Qi), [gpm or cfs]: \_\_\_\_\_

Share of Quantity Annual (Qa), [acre-feet]: \_\_\_\_\_

Share of acreage irrigated: \_\_\_\_\_

Authorized purpose(s) of use: \_\_\_\_\_

**Check one of the following:**

- ☐ The authorized point of diversion is on my property and will continue to be used.
- ☐ The authorized point of diversion is not on my property, but I have entered into a shared use agreement with the owner of the authorized diversion point.
- ☐ The authorized point of diversion is not on my property, and I plan to construct a new diversion point on my property. I plan to file a change application or submit a showing of compliance form to Ecology to cover this change in the point of diversion. I understand that if I plan to use the water for a different purpose or in a different location than described above, I must file a change application with Ecology.

Property Owner Signature \_\_\_\_\_

Property Owner Name <sup>3</sup>(2): ROGER O. COCKERLINE

Property Owner Address: 1088 FRANKLAND, WALLA WALLA, WA 99362

Phone Number: (509) 525-1492

Tax Parcel Numbers Owned within Authorized Place of Use: 350727110004

Share of Quantity Instantaneous (Qi), [gpm or cfs]: 44.92 gpm (See Tab 1, Schedule A)

Share of Quantity Annual (Qa), [acre-feet]: 44.92 acre-feet (See Tab 1, Schedule A)

Share of acreage irrigated: 11.23 acres (See Tab 1, Schedule A)

Authorized purpose(s) of use: IRRIGATION

**Check one of the following:**

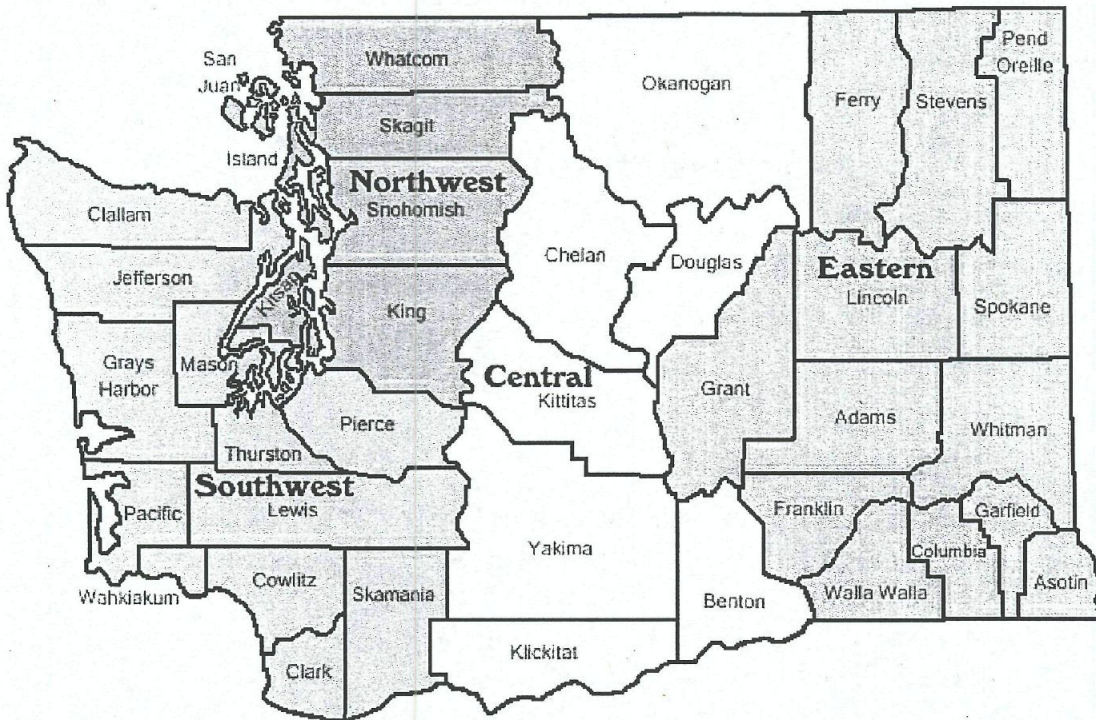
- ☒ The authorized point of diversion is on my property and will continue to be used.
- ☐ The authorized point of diversion is not on my property, but I have entered into a shared use agreement with the owner of the authorized diversion point.
- ☒ The authorized point of diversion is not on my property, and I plan to construct a new diversion point on my property. I plan to file a change application or submit a showing of compliance form to Ecology to cover this change in the point of diversion. I understand that if I plan to use the water for a different purpose or in a different location than described above, I must file a change application with Ecology. *Constructed & Applied For*

Property Owner Signature \_\_\_\_\_

*Roger O. Cockerline*  
*Cheryl Cockerline*



Please forward your completed form to the appropriate region office below.



**Southwest Regional Office**  
PO Box 47775  
Olympia, WA 98504-7775  
(360) 407-6300

**Northwest Regional Office**  
3190 – 160th Ave SE  
Bellevue, WA 98008-5452  
(425) 649-7000

**Central Regional Office**  
15 W Yakima Ave., Suite 200  
Yakima, WA 98902-3452  
(509) 575-2490

**Eastern Regional Office**  
4601 N Monroe Street  
Spokane, WA 99205-1295  
(509) 329-3400

*If you need this document in an alternate format, please call the Water Resources Program at (360) 407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341*